



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
DEPARTMENT OF STATE

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: WWW.DPR.DELAWARE.GOV

DIVISION OF PROFESSIONAL REGULATION

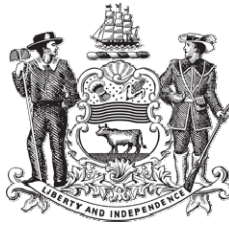
INSTRUCTIONS FOR COMPLETION OF LICENSED CLINICAL SOCIAL WORKER APPLICATION

1. **Application for Licensure** – Submit a completed application, which must be signed and notarized, along with the pro-rated processing fee. Make your check or money order payable to the “State of Delaware”.
2. **Direct Supervision Reference Form** – Your supervisor(s) must complete this form and send it directly to the Board. The forms must clearly indicate the number of post-MSW degree clinical social work hours. The supervisor(s) must be a licensed clinical social worker (LCSW), master of social work (MSW), licensed psychologist, or a licensed psychiatrist.
3. **Verification of Licensure**- If you hold any license in another state, you will need to submit verification of licensure in good standing from each state you are licensed in.
4. **Official Transcript** – Submit an official transcript of your completed Masters degree. The transcript must be sent directly to the Board’s office from the college or university.
5. **ASWB Score Report** – If you have already taken the ASWB clinical examination, you must show proof of achieving a passing score on the examination. A certified statement can be obtained by calling the ASWB at (800) 225-6880 or you can request your score report online at www.aswb.org

Applicants approved to take the ASWB clinical examination will have two years from the date of their application to pass the exam. If the applicant fails to pass the exam after two years he/she will be required to re-apply to take the examination.

Please note the Board will not accept faxed or copied forms. All documents must be originals.

If you have any questions, please contact the board’s Administrative Specialist at (302) 744-4500.



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**DELAWARE BOARD OF CLINICAL SOCIAL WORK EXAMINERS
APPLICATION FOR LICENSURE**

☐ Yes ☐ No I am applying to take the ASWB clinical exam

☐ Yes ☐ No I am applying for licensure by reciprocity

1. **Full Name:** _____
Last First Middle Initial
Print name only as you want it to appear on license (no titles, credentials, etc.)

2. **Social Security Number:** _____

3. **Mailing Address:** _____

4. **Telephone:** (____) ____ - ____ (____) ____ - ____ **Email:** _____
Business Home

5. **Graduate Education:**

Degree Date Awarded Educational Institution Granting Degree

6. **Professional Experience:** List your post graduate professional clinical social work experiences beginning with the latest one first. If needed, use this same format on additional sheets. No resumes.

a. Dates of employment: From _____ To _____ Total Number of Hours: _____

Employer

Address

Administrative Supervisor's Name Title/Professional Status Telephone

Your Position/Title: _____

b. Dates of employment: From _____ To _____ Total Number of Hours: _____

Employer

Address

Administrative Supervisor's Name

Title/Professional Status

Telephone

Your Position/Title: _____

c. Dates of employment: From _____ To _____ Total Number of Hours: _____

Employer

Address

Administrative Supervisor's Name

Title/Professional Status

Telephone

Your Position/Title: _____

7. **Clinical Supervision:** List present or former clinical supervisor(s) who is/are able to verify required post-MSW degree supervision as stated in the Rules and Regulations.

Name

Address

Telephone

Degree

8. **Licensure:** Are you licensed, or have you ever been licensed in any other state(s)?

Yes _____ No _____

If yes, please provide the following information. You will also need to submit a letter of good standing from each State.

State	Date of Issuance	License Number	Licensing Agent/Address
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State	Date of Issuance	License Number	Licensing Agent/Address
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State	Date of Issuance	License Number	Licensing Agent/Address
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9. Have you ever been denied licensure in any other jurisdiction? Yes _____ No _____
If yes, please explain in full detail by giving all particulars of such action(s).

10. Have there ever been, or are there now any pending professional disciplinary actions against you? Yes _____ No _____
If yes, please explain in full detail by giving all particulars of such action(s).

11. Have you ever had a professional license suspended or revoked? Yes _____ No _____
If yes, please explain in full detail by giving all particulars of such action(s).

12. Are you presently in violation of any Rule and Regulation set forth by the Delaware Board of Clinical Social Work Examiners? Yes _____ No _____
If yes, please explain in full detail by giving all particulars of such action(s).

13. Are you in violation of any grounds for disciplinary actions, as set forth in 24 Del. C. Section 3915 (see www.dpr.delaware.gov)? Yes _____ No _____
If yes, please explain in full detail by giving all particulars of such action(s).

14. Have you ever been convicted of or entered a plea of guilty or *nolo contendere* (no contest) to any felony, misdemeanor, or any other criminal offense in any jurisdiction? Yes _____ No _____
If yes, submit a certified copy of your criminal history record.

The Board office must receive items submitted for the Board to consider at its meeting no later than two full business days before the meeting. In order to be considered at a Board meeting, license applications must be complete two full business days before the meeting. A complete application is one that includes all required documentation and correct payment.

Applications that are not complete within six (6) months of filing may be considered abandoned and discarded. The Board office will attempt to notify you before disposing of an abandoned application.

Please note: When your application is complete, please allow 4-8 weeks to receive your license.

I certify that the information provided in this application is accurate and complete to the best of my knowledge and belief. I understand that the Delaware Board of Clinical Social Work Examiners has the right to deny or revoke licensure, if my application contains fraudulent information.

Applicant's Signature

Date

(County)

(State)

Before me personally appeared, _____,
Applicant, of lawful age, to me known to be the identical person who signed this document of application and
being by me first duly sworn, on oath state that all the foregoing statements are true and correct to the best of
_____ knowledge and belief.

Signature of Notary Public

Printed or Typed Notary Public's Name

My Commission expires: _____

(Seal)

Revised: 6/10/2005



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BOARD OF CLINICAL SOCIAL WORK EXAMINERS

SUPERVISORY REFERENCE FORM

Chapter 39, Title 24 of the Delaware Code states that individuals seeking licensure to practice clinical social work in the State of Delaware must submit satisfactory proof to the Board of Clinical Social Work Examiners that they have acquired two (2) years of post-MSW degree clinical social work experience. This experience shall consist of not less than 3,200 hours, at least 1,600 hours of which shall have been under the supervision of a licensed clinical social worker (LCSW), master of social work (MSW), licensed psychologist, or a licensed psychiatrist. *There must be at least one hour per week of one-to-one face-to-face supervision during the supervised period.* (See Board Rule 4.2) This form must be completed by the applicant's supervisor who is then to mail it directly to the Board of Clinical Social Work Examiners at the address listed below. Additional forms may be obtained at www.dpr.delaware.gov, or by calling the Board office.

1. I, _____, attest that _____ worked under my clinical supervision.
(Name of Supervisor) (Name of applicant)

2. Total Clinical Supervised Hours: _____ Total Hours of One-To-One Supervision: _____

3. Dates of Post Master's Supervised Clinical Social Work Experience: From _____ to _____
Month/Year Month/Year

Has	Has Not	I attest that the applicant has demonstrated satisfactory completion of the following practice skills during the 1600 hours of post-MSW degree professionally supervised clinical social work experience.
		Provides adequate clinical diagnoses and biopsychosocial assessments
		Performs short-term and/or long-term interventions
		Establishes treatment plans with measurable goals
		Adapts interventions to maximize client responsiveness
		Recognizes when personal issues affect clinical objectivity
		Recognizes and operates within own practice limitations
		Seeks consultation when needed
		Refers to sources of help when appropriate
		Practices within established ethical and legal parameters

Use of professional values and ethics, professional knowledge, professional identity and use of self and disciplined approach to the practice environment should be reflected in each of the above listed practice skills.

4. List titles, degrees, and licenses you held during supervision of the above applicant:

Title

Degree, Field, Date and University

State License Number
Type of License/Date Received

5. Clinical Supervisor's Agency's Name (if applicable): _____

Address: _____ Phone: _____

_____ Zip Code: _____

I certify that the information provided herein is accurate and complete to the best of my knowledge and belief.

Signature of Supervisor

Date _____

Please return form to:

**Board of Clinical Social Work Examiners
861 Silver Lake Boulevard – Suite 203
Dover, Delaware 19904**



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VERIFICATION OF LICENSURE FORM

Part 1 – This section is to be completed by applicant and sent to those states where the applicant is currently licensed or was previously licensed as a Social Worker. You may duplicate this form.

Name: _____ Phone: _____

Address: _____

_____ Zip Code: _____

Licensed as: _____ License No.: _____

Expiration Date: _____

I hereby authorize _____ to release information
Name of State Licensing Board/Authority

regarding my licensure certification to the Delaware Board of Clinical Social Work Examiners.

Signature of Applicant

Date

=====

Part 2 - To be Completed by State Licensure Board/Authority:

Date of Original Registration/Licensure: _____ State: _____

Registration/License #: _____ Expiration Date: _____

Type of Examination: ASWB Clinical _____ Other _____

Pass/Fail Status as Determined by ASWB _____ Date of Examination: _____

Has the licensee ever been subject to any disciplinary action, or had his/her license suspended or revoked?
Yes _____ No _____ *If yes, please explain below, the nature of the disciplinary action and the current status of the license. Use additional pages, if needed*

Are there any current or pending disciplinary proceedings or unresolved complaints against the applicant?

Yes _____ No _____

If yes, please explain below, the nature of the proceeding or complaint and current status. Use additional pages, if needed.

I certify the statements contained herein are true and correct.

Name of Official: _____ Title: _____

Name of Licensure Authority: _____

Address: _____ Phone: _____

_____ Zip Code: _____

Signature and title of official for state licensure authority Date

AFFIX BOARD SEAL

Please return form to:

Delaware Board of Clinical Social Work Examiners
861 Silver Lake Boulevard – Suite 203
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